



PATIENT	PRESENTING CLINICAL SIGNS
Lucy Moran	Anorexic, lethargic, elevated LE's hx of pancreatitis Current meds: IV fluids, ampicillin, cerenia, metoclopramide, entyce
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: ALT 697, AST 206, ALKP 1682, GGT 36, Tbil 3.5, Trig 1680, Alb 2.5, Neut 15,422, Mono 1588, Spec cPL >2000, Lepto PCR pending
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Chihuahua Mix	Urinary System
SEX	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
AGE	No evidence of pathology in the area of the aortic trifurcation.
14 years	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.
11 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was mildly prominent in size based on caudal pole width measurement with a small, non-disruptive caudal pole nodule, measuring 0.39 cm in diameter. The right adrenal gland was not definitively visualized.
IMAGING PERFORMED BY	Spleen
Val Shumskaya	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/ Gallbladder
Allendale Vet Hospital	
REFERRING VET	The liver was enlarged in size with a rounded to mildly asymmetrical hepatic capsule contour exhibiting decreased hepatic parenchyma echogenicity and moderate coarse echotexture. Normal hepatic vascular volume was noted. No visualized hepatic intraparenchymal masses or nodules were noted. Intermittent, variably sized, thinly walled, intraparenchymal cysts containing anechoic fluid were present. An example of a hepatic cyst measured 2.0 cm in diameter. The gallbladder was non-distended in size.
Dr. Izar	
INVOICE	
17412	
DATE	The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. The gallbladder wall width measured 0.34 cm. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema, and anaphylaxis. The gallbladder contained anechoic content. The cystic and common bile ducts were normal.
7/27/23	



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Lucy Moran

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

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WEIGHT

11 lbs.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained variably echogenic nonshadowing ingesta was present with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas exhibited variable prominent size with mild capsule asymmetry and nonhomogeneous to nonuniform pancreatic parenchyma compared to adjacent omentum.

Free Abdomen

No evidence of significant mesenteric lymphadenopathy or masses was present. Generalized mild increased omental echogenicity was present. Intermittent scant pocket of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intermittent intraparenchymal cysts - subjectively acute or acute on chronic
- Gallbladder wall edema
- Variably prominent nonhomogeneous pancreas - sonographically suggestive of chronic to chronic active pancreatitis
- Chronic renal changes
- Mild gastroenteritis pattern
- Mild left adrenomegaly with subtly caudal pole nodule - suspect adenoma
- Generalized mild omental hyperechogenicity with intermittent scant peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver in conjunction with gallbladder wall edema may include acute hepatitis (viral, bacterial, Leptospirosis, toxin), vacuolar hepatopathy, nonobstructive cholestasis, noncardiogenic congestion, occult infiltrative neoplasia, and less likely anaphylaxis. Assuming normal clotting status, screening FNA cytology is warranted in conjunction with pending Leptospirosis titers / PCR. No overt evidence of post hepatic obstructive criteria was noted.

Hospitalization with empirical therapy for nonspecific hepatitis, chronic active pancreatitis with as-needed gastrointestinal support, monitoring of clinical response, and hepatic enzymes going forward would be reasonable.



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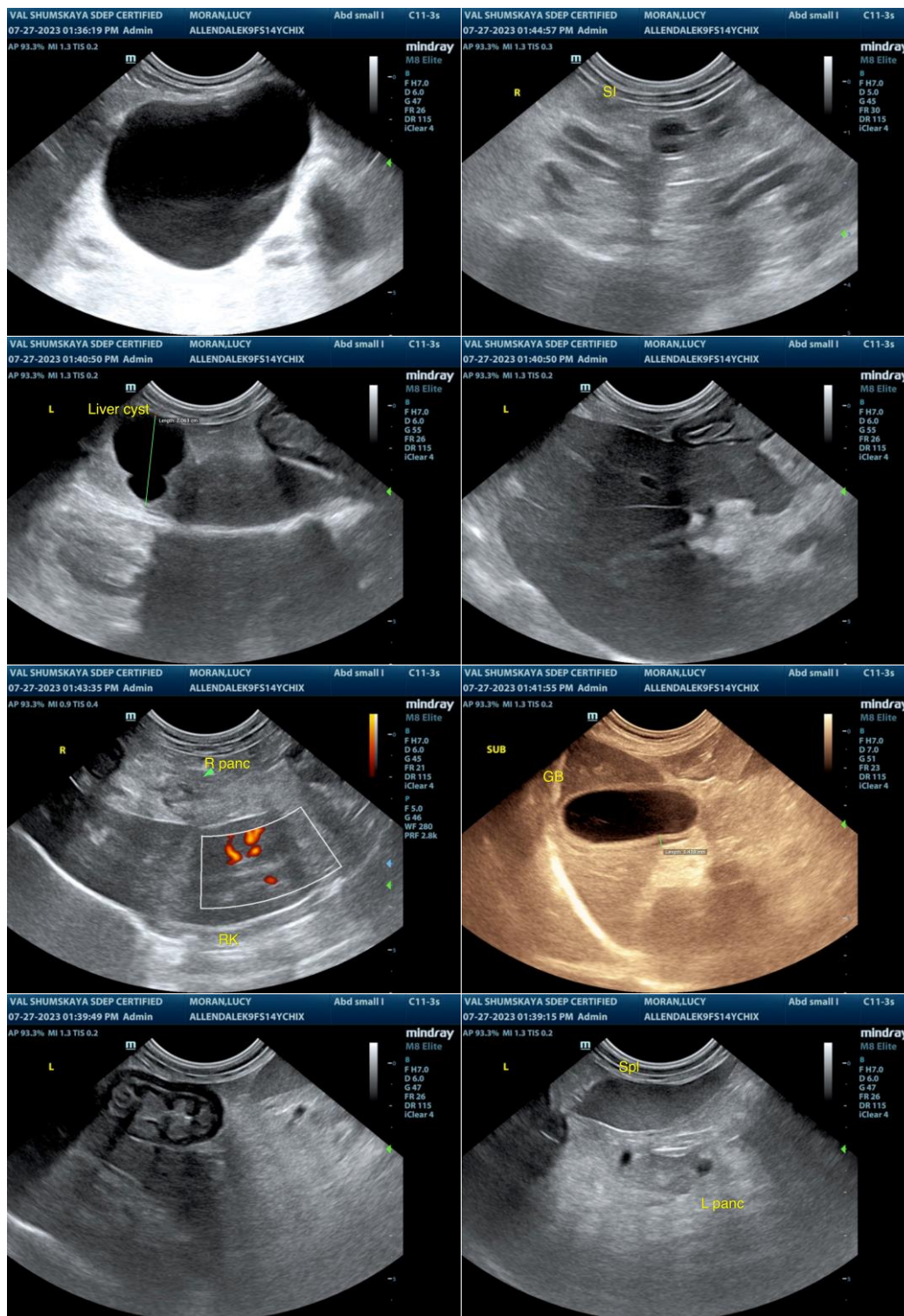
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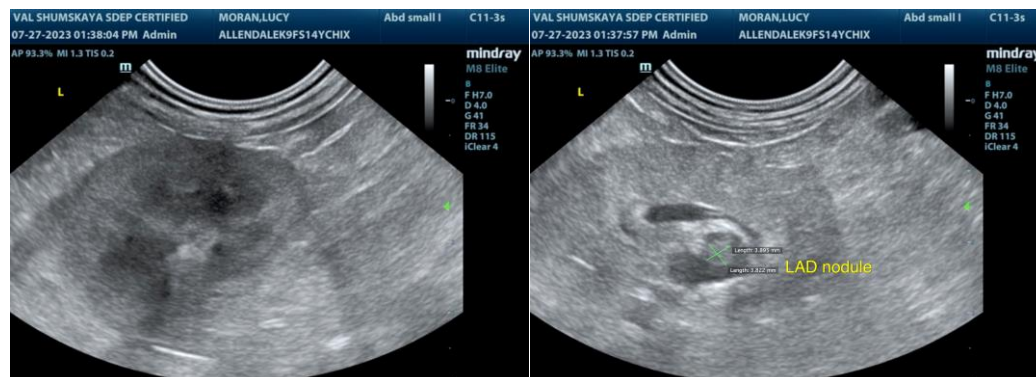
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com